

REGISTRATION FORM

Kansas Secretary of State 3rd Ad Astra Archery Tournament

A joint effort with the Kansas Department of Wildlife, Parks and Tourism

April 20, 2013 at MacLennan Park



Archer's Name: _____ Archer's Grade: _____ Age: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____ E-mail: _____

Please Check One Mode of Training: (If Other Program, come early for tournament rules instruction.)

☐ NASP Program ☐ Other Archery Program _____

School or Organization Name: _____

School or Organization Address: _____

School or Organization Phone: _____ E-mail: _____

Please indicate who will accompany the archer: _____

- ☉ The archer's T-shirt and medallion are included in the **registration fee** of **\$10** which must accompany this form.
- ☉ **Additional T-shirts** may be ordered for family or friends at the cost of **\$12 each**, added to the registration fee.
- ☉ All T-shirts must be picked up at the tournament and will not be shipped.

Number of each size: Youth: S___ M___ L___ XL___ Adult: S___ M___ L___ XL___ XXL___

By completing and signing this registration form I certify that the above-named archer has participated in a National Archery in the Schools Program (NASP) curriculum or other acceptable archery training *prior* to competing in this tournament, will abide by all tournament rules, and has my permission as parent/guardian to participate in the Secretary of State Ad Astra Archery Tournament.

Further, in consideration of the above-named archer's admission to the Secretary of State Ad Astra Archery Tournament, and other good and valuable consideration, the receipt of which is acknowledged by the undersigned, I hereby release, discharge, indemnify and hold harmless the State of Kansas, the Office of the Secretary of State, Ad Astra Archery Tournament Inc. and their agents, employees and independent contractors from any and all liability, claims, demands or causes of action, for personal injury and/or property damage or loss which are in any way connected with the above-named archer's participation in this tournament, including attorneys fees and costs incurred to enforce this agreement.

I also agree to expulsion from the tournament if I or my child should continually or willfully fail to observe safety procedures and tournament rules. I enter into this release agreement voluntarily and on behalf of my heirs, administrators and assigns.

Parent/Guardian

COMPLETE this registration form and MAIL it with the registration fee in the amount of **\$10** plus **\$12** per additional T-shirt ordered above. Registration **MUST** be received no later than April 10, 2013.

Make check or money order payable to: **Ad Astra Archery Tournament Inc., P.O. Box 1012, Topeka, KS 66601.**

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